

Foster Family Home - Corrective Action Report

Provider ID: 1-130018

Home Name: Margaret Ibus, NA

94-1210 Hinaea Street

Waipahu

HI 96797

Review ID: 1-130018-5

Reviewer: David Ayling

Begin Date: 4/23/2020

End Date:

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA by 5/23/20.

Foster Family Home

Records

[11-800-54]

54.(c)(5)

Medication schedule checklist;

Comment:

54.(c)(5) - All medications for client #1 not charted as given (CG's initials) from 4/10/2020 to 4/23/2020.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Margaret P. Ibus

CCFFH Address: 94-1210 Hinaea Street, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c)(5)	I have charted all medications from 4/10/2020 to 4/23/2020 for client #1.	4/23/20	I will chart all medications for all clients within 1 hour after giving to medications.

Primary Caregiver's Signature: Margaret P. Ibus

Print Name: Margaret P. Ibus

Date of Signature: 4/24/2020